

***Assessment Summary of the Implementation, Effects and Economic Value of  
La Maison Bleue***

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Based on the research report prepared by:

Nathalie Dubois, Astrid Brousselle, Ghayda Hassan, Isabelle Laurin, Marc Lemire & Éric Tchouaket, entitled « Évaluation de la mise en œuvre, des effets et de la valeur économique de La Maison Bleue », Direction de santé publique, Agence de santé et des services sociaux de Montréal, 2015

## Key Messages

The research commissioned by La Maison Bleue in 2011 aimed to address important questions regarding its durability and its development. Is its practice model effective? What are the crucial elements of this model? Is it possible to reproduce it? This study sheds light on the characteristics of the intervention model of La Maison Bleue and its clientele. It rests on a case study design and uses different quantitative and qualitative data collection and analysis strategies.

Three major findings come out from the study:

### **Effectiveness**

Through its model, La Maison Bleue is able to receive and retain within its services vulnerable women and families, which represents an important challenge in the current system. La Maison Bleue offers perinatal and early childhood services adapted to the needs of the families, in a cozy, human scale environment. The early intervention, continuous screening, and the intensity, comprehensiveness and duration of the follow-up care are crucial to the effectiveness of the model, as well as the team cohesiveness and its commitment to the fundamentals of the intervention, which are support, empowerment and an interdisciplinary approach.

### **Efficiency**

La Maison Bleue's intervention method succeeds in materializing an interdisciplinary practice allowing for an increased accessibility to physical and psychosocial health services, and a fine coordination of a comprehensive, continuous and intensive perinatal and early childhood follow-up care offered to vulnerable families. The implementation of a subsidiarity principle brings significant efficiency gains: the intervention is based on a multidisciplinary team including physicians, but where more than a half of the interventions are carried out by non-medical professionals. This transfer of the most costly interventions to other resources allows for an increased supply of services at equal cost. Although the comparisons might be difficult to make given the unique nature of the program, it seems reasonable to say that, in the long run, the model of La Maison Bleue could generate substantial savings in the early childhood field.

### **Replicability**

La Maison Bleue is an innovative intervention model that can be replicated under certain conditions. Its essential characteristics include:

- A small location in the heart of a family environment
- A hybrid structure drawing on the strengths of the NPO, Family Medicine Group (GMF) and the Health and Social Services Centres (CSSS)
- An experienced and committed team, working in an interdisciplinary manner
- A flexible organization of the support offered to families
- Regular and adequate funding
- A harmonious connection with local organizations working in perinatal and early childhood care

Creating other Maisons Bleues would likely entail replicating the model in its entirety, including its hybrid structure, financing the investment costs as well as the operating costs, as these are inseparable from the model's effectiveness.

## Overview

### Background

Since 2007, in Côte-des-Neiges, and since 2011, in Parc-Extension, La Maison Bleue's mission has been to help vulnerable families welcome their baby and support them in their child's development. La Maison Bleue offers integrated, interdisciplinary and intensive health and psycho-social services provided in a community, human-scale setting. An assessment was deemed necessary when faced with numerous requests for the project to be replicated in different neighbourhoods and regions of Québec to provide services adapted to a population that current services struggle to reach.

### Objective

The assessment aims to gain a better understanding of La Maison Bleue's model, to analyse its implementation, assess the desired effects of the intervention model and estimate its economic value. The study allows for knowledge about perinatal and early childhood practices with vulnerable families to be broadened and thus to enhance the public service offering.

### Methodology

The assessment is based on a case study design and uses various collection and analysis strategies to: 1) examine the implementation of La Maison Bleue's model, its characteristics and its clientele; 2) assess the effects of the intervention as compared to its intended purposes; and 3) assess its economic value on the basis of a cost-effect analysis. Quantitative data have been collected from administrative databases, from the I-CLSC database and from administrative and financial documents. Qualitative data were collected through individual and group interviews carried out with interveners (professionals, physicians, and managers of La Maison Bleue and with CSSS), partners and women who attended the organization between January 2009 and May 2013. Self-administered questionnaires were also completed by the interveners of La Maison Bleue and by members of the Children-Family team of the CSSS.

## Results

### 4.1 Evaluation of the implementation

#### *What does La Maison Bleue offer?*

La Maison Bleue offers perinatal care and early childhood services to vulnerable families: privileged access to a physician and comprehensive and integrated physical and psychosocial health care to women and families (unborn child, siblings and other family members). The team offers preventive intervention, adapted to the needs of families, continuously from pregnancy until the child is five years old. The follow-up care is split amongst and supported by a multidisciplinary team consisting of a physician, a midwife, a nurse, a social worker, a psycho-educator and a specialized educator. On a daily basis, the interveners work in an interdisciplinary manner in an approach anchored in the providing of social support and empowerment to families, two fundamentals of the model.

*How does La Maison Bleue succeed in realizing its project?*

Five factors are at the core of La Maison Bleue's intervention model:

- A hybrid structure resulting from a linking between three entities: a not-for-profit organization (NPO), the CSSS de la Montagne and the Family medicine group (GMF) Côte-des-Neiges. This allows La Maison Bleue to count on a team of professionals and interveners coming from the public system as well as on an independent management team employed by the NPO. This hybrid structure allows for a freedom of action and flexibility that a CSSS cannot provide, as indicated by CSSS' managers themselves.
- A well-structured but flexible organizational operation owing to the NPO component. The managers prioritise the planning of services in response to the needs expressed by families. Medical and professional services are frequent and sustained: every week La Maison Bleue offers medical consultations, individual follow-ups, daily group meetings, parent-child activities, without counting "walk-in" consultations.
- The commitment and stability of invested human resources. Beyond skills and personal qualities, professionals show high adaptability and openness to a non-traditional definition of roles and tasks. The managing team of the NPO component ensures the quality of the interdisciplinary intervention, support for the team, and continuous education and organization of volunteer resources and trainees, as part of a participatory management.
- Assessing and welcoming families. The references come from multiple sources, institutional and local, as well as from the families themselves. The gateway is the pregnancy. The demands are then evaluated by the team according to a grid of criteria of vulnerability.
- Identification of partners with whom the organization collaborates within its interventions and building bridges for the families.

*Who is the clientele of La Maison Bleue?*

La Maison Bleue serves families who present multiple factors of vulnerability including domestic violence, isolation, problems related to the migration process, involvement of the Director of Youth Protection, substance abuse, mental health issues, precarious economic situation, presence of another child in difficulty, young age of the parents, etc. Nearly 60% of women attending La Maison Bleue have a level of education equivalent to or higher than Grade 11 and a quarter do not live below the low income threshold, which renders them ineligible to the *Services intégrés en périnatalité et pour la petite enfance (SIPPE)* program, since they do not meet its criteria.

#### **4.2 Evaluation of the effects**

*Effects on the health and social services provision*

Through its presence in the community, La Maison Bleue has diversified and facilitated the supply of preventive perinatal and early childhood services on the CSSS' territory by:

- Offering consulting services sites of a new type outside the CSSS, in a human-scale environment, friendlier than the conventional institutional structure.

- Reducing the delays associated with consulting a physician and obtaining responses to urgent needs. This allows for quicker identification of the problems and to provide care that aims for a solution identified and adopted in agreement with the family.
- Optimizing the involvement of physicians from the Group of Family Medicine. Accordingly, the necessity to resort to medical specialists is reduced for low-risk pregnancies' follow-ups, facilitating at the same time a better use of medical resources.
- Integrating the midwives to the provision of perinatal services to vulnerable population. The joint midwife/physician follow-up allows for an easier access to midwives' services, while in Quebec, the demand far exceeds the possibilities to obtain a follow-up. At La Maison Bleue, 9.5% of women chose to give birth to their child with a midwife, a proportion that is higher than that observed for the general population (2% according to the *Ordre des sages-femmes du Québec*).
- Creating links rendering the referencing to specialized services easier for families (e.g. mental health services provided by the CSSS, hospital, Director of Youth Protection, etc.)
- Improving skills and commitment of the interveners. Accepting the empowerment and social support as the fundamentals of the practice creates a work framework encouraging an atmosphere of mutual help and recognition of each other's strengths within the team. Innovation is also ensured by the dynamism of the environment of training that La Maison Bleue represents.

#### *Effects on developing support and mutual help networks*

La Maison Bleue puts into practice a set of concrete actions to improve the living conditions of, and to reduce the impact of exclusion on families and children. Group meetings reduce social isolation and promote network-creation. Guidance provided to families in different governmental services, in the immigration process, with community organizations and with references to external professional services and local resources (food banks, etc.) help reduce the stress and render the everyday life easier.

#### *Effects on the experience of pregnancy, childbirth and parenting*

La Maison Bleue improves the experience of pregnancy, childbirth and parenting thanks to:

- An intensive and adapted monitoring relating to both physical and psychosocial health.
- A continuity of long-term services owing to the Group of Family Medicine component. The interdisciplinary practice and the stability of the personnel promote the retention of families and the continuity of services.
- The early intervention: pregnancy is a privileged moment to welcome families, a moment when they seek a prenatal care and resources for their baby's arrival.
- The follow-up duration, generally proportional to the degree of vulnerability of the families. The team ensures the offering of various activities and encourages an assiduous participation. Throughout the follow-up, usual vaccinations, medical consultations, and group activities are all opportunities for screening and concerted actions with families.

#### *Effects on the development of parenting skills and the child's development*

The intervention model of La Maison Bleue aims at strengthening the parent-child emotional relationship. The interveners mobilize various strategies, including promoting the physical and

psychological proximity with the baby, supporting breastfeeding and creating parents-children workshops. Women report to be able to better appreciate strengths and qualities of their child, to have improved their relationship with the child, and to feel better equipped to take care of them. La Maison Bleue contributes to the improvement of the child's health both at birth and during its development until the age of five years, offering a variety of stimulating activities and psychosocial services.

Families monitored by La Maison Bleue:

The proportion of babies with small birth weight is 3.9% as compared to 5.7% in Quebec.

Preterm births account for 5.7% as compared to 6.3% in Quebec.

The breastfeeding rate is 94.9% when leaving the hospital as compared to 82.8% in Quebec (2010).

Nearly 60% of the children receive a follow-up at La Maison Bleue beyond the age of 2 years, which permits to assess the potential difficulties or delays earlier, before they enter school.

## **Evaluation of the economic value**

### *Cost and efficiency of the intervention*

A follow-up care offered to a family during 18 months, including medical and professional services (but excluding childbirth), costs an average of \$1,736.5. Infrastructure costs (investment, fixed charges and variable costs) are estimated annually to about \$240,000.

The study shows that La Maison Bleue represents an efficient social perinatal services model through its broad spectrum of effects on all family members, its model of practice based on the subsidiarity principle, and through its anticipated cost savings related to the positive effects of the early and intensive intervention. Although comparisons are difficult given the unique nature of the program and the particular target clientele, it seems reasonable to say that La Maison Bleue's model could generate substantial long-term savings in the early childhood services.

## **Discussion/conclusion**

### *The interest of the model's intervention implementation*

La Maison Bleue's intervention objectives are relevant and realistic, strongly converging with the policies supported by the Ministry of Health and Social Services (2008), the *Agence de la santé et des services sociaux de Montréal* (2010), and the *Commissaire à la santé et au bien-être* (2012).

Its intervention model is robust and it distinguishes itself by:

- The integration of family physicians from the Group of Family Medicine, which ensures the access to a physician from the first trimester of pregnancy and throughout the child's life afterwards.
- The integration of midwives that allows vulnerable families to benefit from their contribution to prevention, education and support, as is recommended by the Ministry of Health and Social Services in its perinatal policy (2008-2018).
- The early intervention with women and their families.
- The interdisciplinary teamwork.
- The intensity of guidance and creation of significant links with families, allowing for a positive impact on their path of life and development of their children.

The study reveals the operational quality of the intervention model proposed by La Maison Bleue, the diversity and the adequacy of its service offering, the value added of its interdisciplinary practice and the improvement it brings to the accessibility of physical and psychosocial health services. Since its opening, 2,157 people benefited from services offered by La Maison Bleue and the demand has been rising over the years, showing its capacity to reach vulnerable populations and to retain them within its services. Furthermore, the implementation study showed the appreciation of the families related to the quality of interpersonal relationships with interveners from La Maison Bleue.

For its part, the management team ensures the global coordination of services, participates in the development of team skills, in the daily interdisciplinary practice, in maintaining the relationships with different key partners, in recruiting and training the next generation, in addition to its usual maintenance, operation, promotion and funding activities. It contributes significantly to the coherence within La Maison Bleue by promoting, among others, strong team cohesion, commitment and stability of human resources, and a constant improvement of practices. Finally, the NPO component of the hybrid structure allows for multiple fine adaptations of the intervention model in order to increase the effectiveness of services provided to families.

#### *Replicability criteria of La Maison Bleue*

La Maison Bleue offers an innovative model that can be replicated elsewhere when adapted to local realities and to specific needs of targeted populations. However, it is important to respect its integrity, since its effectiveness comes from the model in its entirety. Here are its main elements:

- A small location in the heart of a family environment
- A hybrid NPO/public health services structure
- An experienced and committed team working in an interdisciplinary manner
- A flexible organization of the support offered to families
- Regular and adequate funding
- A harmonious connection with local organizations working in the perinatal and early childhood care

Although the Quebec health system is universal, access to the system and healthcare injustices persist. The intervention of La Maison Bleue has proven its ability to reach pregnant women in vulnerable situation at the point of their lives that will have important impacts on the health and development of their children.

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